U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 75/5	2. Fiscal Year Covered From:	
	7/12/2004 Through: 72/31:/2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Joseph P. Londo	Name TRAWS, COMMINTL WINION	
	Labor Organization File Number 2007/96	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 53 W SEE GERSERS	Street 3 R.ESEARCH PL	
City ARLINGTON ATSI	City ROCACVALLE	
State 1111015 ZIP Code+4 60005	State MARYLANd ZIP Code + 4 20850-3	3279
5. Position in labor organization.		
Enter appropriate data below if, during the past flacal year, you or your spouse or minor child directly or indirectly had any of the following interests  (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name and address of Employer (including trade name, if any).  Name	7.a. Nature of Interest, Transaction, or Income.	į.
	7.a. Nature of Interest, Transaction, or Income.	į.
Name	7.a. Nature of Interest, Transaction, or Income.	į.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.	i,
Name Trade Name, if any:		į.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any		· ·
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	7.b. Amount.	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the	
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4  Signature and verification. The undersigned declares, under penalty of a submitted in this report (including the information contained in any accompany) undersigned's knowledge and belief, true, correct, and complete. (See the second	7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information ng documents), has been examined by the signatory and is, to the best of the tion on penalties in the instructions.)	
Name  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street  City  State  ZIP Code + 4  Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany).	7.b. Amount.  Perjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is, to the best of the	

Name of Person Filing JP, CONTO -	File Number U- 000 196
B. Held an interest in or derived income or economic benefit with monetary valuables substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
B. Name and address of Business (including trade name, if any).  Name GUERRIERI, Edmond, CTAYMAN  + BARTOS, P.C.  Trade Name, if any:  P.O. Box, Bldg., Room No., if any SUITE 700  Street 1625 MASSACHUSETTS AVE, N. W.  City WASKINGTON D.C.  State D.C. ZIP Code +4 12003673	9. Business deals with:  (a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name  Trade Name, If any:  P.O. Box, Bldg., Room No., if any	ATTORNEY
Street	11.b. Approximate dollar value of such dealing. UN KNOWN:
State ZIP Code + 4	CKRISTMAS GIFT FRUIT BOX
	12.b. Amount. 4/198 .
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	or parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Street City	; ; ;
State ZIP Code + 4	to the same of the
	14.b. Amount of payment.

## TRANSPORTATION . COMMUNICATIONS INTERNATIONAL UNION



JOSEPH P. CONDO International Vice President





August 8, 2005

U. S. Department of Labor **Employment Standards Administration** Office of Labor-Management Standards 200 Constitution Avenue, N.W. - Room 5616 Washington, D.C. 20210

To Whom it May Concern:

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrences for the period January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some items may have been unintentionally omitted.

Respectfully,

Joseph P. Condo

International Vice President/TCU

JPC:djb

attachment